



Send completed forms  
to DOH Communicable  
Disease Epidemiology  
Fax: 206-361-2930

**LHJ Use** ID \_\_\_\_\_  
☐ Reported to DOH Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
**LHJ Classification** ☐ Confirmed  
☐ Probable  
By: ☐ Lab ☐ Clinical  
☐ Other: \_\_\_\_\_  
Outbreak # (LHJ) \_\_\_\_\_ (DOH) \_\_\_\_\_

**DOH Use** ID \_\_\_\_\_  
Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
**DOH Classification**  
☐ Confirmed  
☐ Probable  
☐ No count; reason: \_\_\_\_\_

# Malaria

County \_\_\_\_\_

## REPORT SOURCE

Initial report date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_\_ days

### Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Fever Highest measured temp: \_\_\_\_\_ °F  
Type: ☐ Oral ☐ Rectal ☐ Other: \_\_\_\_\_ ☐ Unk

☐ ☐ ☐ ☐ Recurring fever  
Number of attacks: \_\_\_\_\_  
Days between attacks: \_\_\_\_\_

☐ ☐ ☐ ☐ Chills  
☐ ☐ ☐ ☐ Sweats  
☐ ☐ ☐ ☐ Headache

### Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ ☐ ☐ ☐ Autopsy

### Predisposing Conditions

Y N DK NA

☐ ☐ ☐ ☐ Malaria in past 12 months (prior to this report)  
Date of prior malaria illness \_\_\_\_/\_\_\_\_/\_\_\_\_

Prior malaria species: \_\_\_\_\_

☐ ☐ ☐ ☐ Pregnant  
Estimated delivery date \_\_\_\_/\_\_\_\_/\_\_\_\_  
OB name, address, phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Laboratory

Collection date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Anemia (Hb<11, Hct<33)

☐ ☐ ☐ ☐ **Malaria parasites demonstrated (blood films)**

### NOTES

### Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Cerebral malaria  
☐ ☐ ☐ ☐ Kidney (renal) abnormality or failure  
☐ ☐ ☐ ☐ Liver abnormality or failure  
☐ ☐ ☐ ☐ Adult Respiratory Distress Syndrome (ARDS)  
☐ ☐ ☐ ☐ Complications  
Specify: \_\_\_\_\_

**INFECTION TIMELINE**

**Enter onset date (first sx) in heavy box. Count backward to determine probable exposure period**

Days from onset:

**Exposure period\***

-30

-7

o  
n  
s  
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t

Calendar dates:

\* Infection by blood transfusion may result in longer incubation periods (up to 2 months). For some strains of *P. vivax*, there may be a protracted incubation period of 8 to 10 months.

**EXPOSURE (Refer to dates above)**

**Y N DK NA**

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Dates/Locations: \_\_\_\_\_

\_\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

**Y N DK NA**

☐ ☐ ☐ ☐ In area with mosquito activity

Date/Location: \_\_\_\_\_

Remember mosquito bite ☐ Y ☐ N ☐ DK ☐ NA

Date/Location: \_\_\_\_\_

☐ ☐ ☐ ☐ Any medical or dental procedure

Blood transfusion or blood products (e.g. IG, factor concentrates)

Date of receipt: \_\_/\_\_/\_\_

☐ ☐ ☐ ☐ Organ or tissue transplant recipient

Date of receipt: \_\_/\_\_/\_\_

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_

Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PATIENT PROPHYLAXIS / TREATMENT**

**Y N DK NA**

☐ ☐ ☐ ☐ Malaria chemoprophylaxis taken

Specify type: \_\_\_\_\_

Were all pills taken as prescribed?

☐ Yes, missed no doses

☐ No, missed one to a few doses

☐ No, missed more than a few but < half of doses

☐ No, missed half or more of doses

☐ No, missed doses but not sure how many

☐ Unknown

Reasons for missed doses:

☐ Forgot ☐ Didn't think needed

☐ Had side effect (specify below)

☐ Advised by others to stop

☐ Prematurely stopped taking once home

☐ Other (specify below) ☐ Unk

Specify \_\_\_\_\_

**Y N DK NA**

☐ ☐ ☐ ☐ Antimalarial therapy for this attack

Type: \_\_\_\_\_

**PUBLIC HEALTH ISSUES**

**Y N DK NA**

☐ ☐ ☐ ☐ Did case donate blood products, organs or tissue (including ova or semen) in the 30 days before symptom onset Date: \_\_/\_\_/\_\_

Agency and location: \_\_\_\_\_

Specify type of donation: \_\_\_\_\_

☐ ☐ ☐ ☐ Outbreak related

**PUBLIC HEALTH ACTIONS**

☐ Notify blood or tissue bank

☐ Other, specify: \_\_\_\_\_

**NOTES**

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_/\_\_/\_\_

Local health jurisdiction \_\_\_\_\_